

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-011866

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 200

Primary Registration District No.

Registrar's No. 41

FILED MAR 27 1962

## 1. PLACE OF DEATH

a. COUNTY

Macon

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN

Bevier

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Macon St.

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Macon

Inside Limits

Yes ☒ No ☐c. CITY  
OR  
TOWN

Bevier

d. STREET  
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

RALPH

NEWTON

BLAKE

4. DATE  
OF  
DEATH

Month

Day

Year

Feb. 28

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

11/7/1891

## 9. AGE (last birthday)

70

## IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Machinist

## 10b. KIND OF BUSINESS OR INDUSTRY

B &amp; S Railroad

## 11. BIRTHPLACE (City and state or country)

Moberly, Missouri

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Charlie Blake

## 13b. MOTHER'S MAIDEN NAME

Mollie Newton

## 14. NAME OF HUSBAND OR WIFE

Jessie Hayes Blake

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Jessie Blake Bevier, Mo.

18. CAUSE OF DEATH (Enter only one cause per line  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Fracture of skull fracture neck instant

INTERVAL BETWEEN  
ONSET AND DEATHConditions, if any,  
which gave rise to  
above cause (e),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Car-train accident - Thrown from car

20c. TIME OF  
INJURYHour  
Month, Day, Year,  
p.m.

3:30

2-28-62

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☒20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

Street

## 20f. CITY, TOWN, OR LOCATION

Bevier

COUNTY

Macon

STATE

Mo

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_, and last saw him alive on \_\_\_\_\_.  
Death occurred at 3:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Carey P. Fisher M.D.

## 22b. ADDRESS

Macon, Mo

## 22c. DATE SIGNED

3/12/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

3/4/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Richardsdale

## 23d. LOCATION (City, town, or county)

Bevier, Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

R. Fisher Bevier

Macon, Mo.

## 25. DATE RECD. BY LOCAL REG.

3-19-62

## 26. REGISTRAR'S SIGNATURE

Ruth McNeely

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/591 06/10  
2 06/10  
3  
4 0  
5 1  
6  
7 0  
8 2  
9 X  
10  
11 061  
12 90-0  
13 1-0

APR 10 1962

MAR 29 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by Philip E. Bram, Student Embalmer No. 643

working under my personal supervision.

Student Philip E. Bram  
Signature of Student Embalmer

Signed R. Lester Bram

Licensed Embalmer No. 4472

P. O. Address Macon, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.